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Bib Data Sheet

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| SERIAL NUMBER 10/766,749 | FILING DATE 01/28/2004 RULE | CLASS 514 | GROUP ART UNIT 1617 | ATTORNEY DOCKET NO. 017620-9381 |
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APPLICANTS

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** CONTINUING DATA *****

This application is a REI of 08/907,658 08/08/1997 PAT 5,861,386
 which is a CON of 08/798,958 02/11/1997 PAT 5,707,980
 which is a CON of 08/415,488 04/03/1995 PAT 5,602,116
 which is a CIP of 08/119,895 09/10/1993 PAT 5,403,831
 which is a CON of 07/812,056 12/17/1991 ABN
 which is a CON of 07/569,412 08/17/1990 PAT 5,104,864
 which is a CON of 07/227,371 08/02/1988 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/01/2004

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|---|---------------------------|-------------------|----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY WI | SHEETS DRAWING | TOTAL CLAIMS 7 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

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TITLE

Method for treating and preventing secondary hyperparathyroidism

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| <p>FILING FEE</p> <p>RECEIVED</p> <p>385</p> | <p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p> | <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> |
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